

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 476)**

SERIAL NO. **107800000**
APPLICANT

FILED DATE

CLAIMS

	AS FILED		AFTER IN ALLOCATION		AFTER IN ALLOCATION										
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1				61								
2							62								
3							63								
4							64								
5							65								
6							66								
7							67								
8							68								
9							69								
10							70								
11							71								
12							72								
13							73								
14							74								
15							75								
16							76								
17							77								
18							78								
19							79								
20							80								
21							81								
22							82								
23							83								
24							84								
25							85								
26							86								
27							87								
28							88								
29							89								
30							90								
31							91								
32							92								
33							93								
34							94								
35							95								
36							96								
37							97								
38							98								
39							99								
40							100								
41															
42															
43															
44															
45															
46															
47															
48															
49															
50															
TOTAL NO.			1				TOTAL NO.								
TOTAL OFF.							TOTAL OFF.								
TOTAL							TOTAL								